

JUN 29 2005

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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Marcelo, Melvin C.

Firm: U.S. Patent and Trademark Office
Art Unit 2662

Facsimile: (703) 872-9306

From: Thomas F. Presson

Date: June 29, 2005

Re: FLH Ref No.: 450100-03422
Serial No: 09/938,152

Number of Pages: 10
(including cover page)

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PATENT
450100-03422

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Kunitoshi Shimizu, et al.
 Serial No. : 09/938,152
 Filed : August 23, 2001
 For : TRANSMITTING METHOD, TRANSMITTING APPARATUS, AND
 PROGRAM STORAGE MEDIUM
 Examiner : Marcelo, Melvin C.
 Art Unit : 2662

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

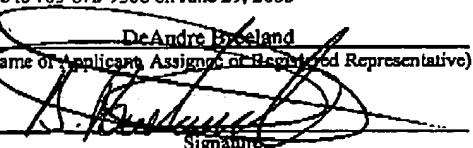
Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	16	Minus	** = 20	* 0 x	\$50 (25)	= \$ 0
Independent claims	4	Minus	*** = 4	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
- *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.
- This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid , or is paid herewith .
- This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- A check in the amount of \$ ____ is attached, which covers the cost of additional claims & petition for extension of time.
- Charge \$ ____ to Deposit Account No. 50-0320.
- Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being transmitted via facsimile to 703-872-9306 on June 29, 2005

DeAndre Bresland
 (Name of Applicant, Assignee or Registered Representative)

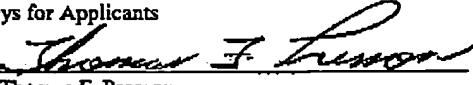

 Signature

June 29, 2005

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

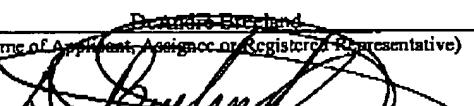
By: 
 Thomas F. Presson
 Reg. No. 41,442

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 Confirmation No. : 1232

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Patricia Ebyland	
(Name of Applicant, Assignee or Registered Representative)	
	
Signature	
June 29, 2005	
Date of Signature	

AMENDMENT UNDER 37 C.F.R. § 1.121

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on March 29, 2005, having a three-month statutory period for response set to expire on June 29, 2005. Please amend the above-identified application as follows.

PATENT
450100-03422

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 7 of this paper.